

Case Number:	CM14-0195240		
Date Assigned:	12/05/2014	Date of Injury:	03/17/2010
Decision Date:	01/20/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 2010. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for repeat lumbar epidural steroid injection. The claims administrator stated that its decisions were based on progress notes of September 11, 2014 and September 23, 2014, the latter of which suggested that the applicant was still using Norco, Soma, tramadol, Desyrel, and Lyrica. The applicant's attorney subsequently appealed. In a September 25, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that he recently reinjured his back. The applicant was asked to "remain off of work." The applicant was given a shot of Solu-Medrol in the clinic and given a five-day course of prednisone. On December 19, 2012, the applicant received multilevel epidural steroid injections. On August 26, 2014, the applicant reported ongoing complaints of low back pain with radiation of pain to the bilateral lower extremities, highly variable, 2-10/10. The applicant was using Norco, Soma, tramadol, and Desyrel, the treating provider acknowledged. The applicant was described as a "medically retired" person, at age 46, implying that the applicant was not working. Multiple medications were refilled, including Norco, Soma, tramadol, Desyrel, and Lyrica. A repeat epidural injection, GI consultation, neurosurgical consultation, updated lumbar MRI, functional capacity evaluation, and laboratory testing were sought.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

The prospective request for a repeat lumbar epidural steroid injection, level not specified and unable to obtain, with fluoroscopy and anesthesia.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant is off of work. The applicant has been deemed a "totally temporary disabled" individual, one of the applicant's treating providers suggested. A second treating provider suggested that the applicant was a "medically retired" individual, implying that the applicant was not, in fact, working. The applicant remains dependent on various analgesic and adjuvant medications, including Norco, tramadol, Desyrel, Lyrica, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection is not medically necessary.